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PTO SBUS-08-000

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Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No. PFS43 First Inventor ROSEN et al Title ALBUMIN FUSION PROTEINS Express Mail Label No.
APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents</i>		ADDRESS TO: Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO SB 17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27 3. <input checked="" type="checkbox"/> Specification [Total Pages 275] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the invention - Brief Summary of the invention - Brief Description of the Drawings <i>(if filed)</i> Detailed Description Claims - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) (Figs. 1-15) [Total Sheets 18] 5. <input checked="" type="checkbox"/> Oath or Declaration (unexecuted) [Total Pages 2] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation divisional with Box 17 completed)</i> c. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.163(d)(2) and 1.33(b)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i> 8. <input checked="" type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input checked="" type="checkbox"/> Computer Readable Form (CRF) b. <input checked="" type="checkbox"/> Specification Sequence Listing on i. <input type="checkbox"/> CD-ROM or CD-R (2 copies), or ii. <input checked="" type="checkbox"/> paper [r23 pages, pages 1-23] c. <input checked="" type="checkbox"/> Statements verifying identity of above copies
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76.		ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet and document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input type="checkbox"/> Information Disclosure Statement. Form PTO SB-08 <input type="checkbox"/> Copies of Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(should be specifically removed)</i> 15. <input type="checkbox"/> Certified copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Other
17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment or in an Application Data Sheet under 37 CFR 1.76 <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part (CIP) of prior application No. _____ <i>Prior application information Examiner Group Art Unit</i>		
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon where a portion has been inadvertently omitted from the submitted application parts.		
18. CORRESPONDENCE ADDRESS		
<input checked="" type="checkbox"/> Customer Number or Bar Code Label 22195 or <input type="checkbox"/> Correspondence address below		
NAME		
ADDRESS		
CITY	STATE	ZIP CODE
COUNTRY	TELEPHONE	FAX
NAME (Print Type)	Michele M. Wales	Registration No. (Attorney Agent) 43,975
SIGNATURE	Date 4/12/01	

*Statement of Signer is required to take effect and complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time and required to complete could be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND THIS OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Submission for Patent, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

Complete if Known

Application Number	To be assigned
Filing Date	April 12, 2001
First Named Inventor	ROSEN, et al.
Examiner Name	To be assigned
Group A/E Unit	To be assigned
Total amount of payment: (\$)	8498.00
Attorney Docket Number	PF543

METHOD OF PAYMENT (CHECK ONE)

☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to
Deposit Account Number **08-3425**
Deposit Account Name **Human Genome Sciences, Inc.**

☒ Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

☐ Applicant claims small entity status

See 37 CFR 1.27

☐ Payment Enclosed

☐ Check ☐ Credit Card ☐ Money Order ☐ Other*

*Charge any deficiencies or credit any overpayments in the fees or fee calculations of Parts 2, 3 and 4 below to Deposit Account No. 08-3425

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	\$710.00
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	180	214	90	Provisional filing fee	
Subtotal (1)					\$710.00

2. EXTRA CLAIM FEES

Total claims	411	207	301	Fee from below 18.00	Fee Paid
Indep. claims	9	3	6	80.00	\$480.00
Multiple Dependent					\$270.00

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim
108	80	208	40	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

Subtotal (2) (\$)

Submitted By

Name (Print Type) Michele M. Wales

Signature *Michele M. Wales*

Registration No. 43,975

Date *04/12/01*

Telephone

Date *4/12/01*

Subtotal (3)

\$ 0.00

Complete if applicable

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Business Day Statement: This form is estimated to take 1-2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20503. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20503.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: ROSEN et al.

Application Serial No.: to be assigned

Art Unit: to be assigned

Filed: Concurrently herewith

Examiner: to be assigned

For: ALBUMIN FUSION PROTEINS

Attorney Docket No.: PF543

STATEMENT UNDER 37 C.F.R. 1.821(f)

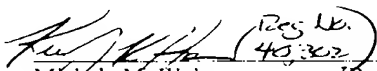
Commissioner For Patents
Washington, D.C. 20231

Sir:

Applicants hereby certify that the enclosed paper copy of the sequence listing and the computer-readable form of such sequence listing are identical.

Respectfully submitted,

Dated: April 12, 2001

 (Reg. No. 43,975) for Michele M. Wales
Michele M. Wales (Reg. No. 43,975)
Attorney for Applicants

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Enclosures
MMW/lcc